

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040807

Registration District No.

267

Primary Registration District No.

3049

Registrar's No.

202

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 078

2 0786

3

4 0

5 0

6

7 0

8 0

9 201

10

11

12 1-11

13 1-10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY

Remiscat

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Hayti

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Remiscat

c. CITY OR TOWN

Deering

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF DECEASED (If not in hospital, give location)
HOSPITAL OR INSTITUTION

Remiscat Colman Shop

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

Rural

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Douglas Maria Caraway

4. DATE OF DEATH

Month Day Year
10 - 15 - 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

9-17-1963

0 1 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

None

None

Hayti, Mo

U. S. A.

13. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

James S. Caraway

Barbara Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of serv)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

No

None

Mr. James Caraway

Deering Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1. Coronary infarct

INTERVAL BETWEEN ONSET AND DEATH
30 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

2. Cardio-vascular - sclerotic

1 yr.

DUE TO (c)

3. Arteriosclerosis - multiple foci

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-15-63 to 15-15-63 and last saw her alive on 10-15-63
Death occurred at 10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. SIGNATURE

23b. DATE

23c. NAME OF REMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Burial

10-17-1963

Gr. Zion

St. Louis Mo.

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John W. Herman Funeral Home, Hayti Mo

10-18-63

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Kelly

Licensed Embalmer No. 3788

P. O. Address Carruthersville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.